

Introduced by Senator Monning

February 18, 2016

An act to amend Section 1368.02 of, and to add Section 1367.031 to, the Health and Safety Code, and to add Sections 10133.53 and 10133.662 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 1135, as introduced, Monning. Health care coverage: notice of timely access to care.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees have access to needed health care services in a timely manner.

This bill would require a health care service plan contract or a health insurance policy that is issued, renewed, or amended on or after January 1, 2017, and that provides coverage for hospital, physician, or dental services, to require the plan or insurer to provide information to enrollees and insureds regarding access to health care services, including appointment wait times, the availability of triage or screening services by telephone, the availability of interpreter services at the time of an appointment, and information regarding consumer assistance provided by the licensing agencies, as specified. The bill would also require a health care service plan or a health insurer to provide a contracting health care provider with specified information relating to the provision of referrals or health care services in a timely manner.

Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.031 is added to the Health and
2 Safety Code, to read:
3 1367.031. (a) A health care service plan contract that is issued,
4 renewed, or amended on or after January 1, 2017, shall provide
5 that the health care service plan shall provide information to an
6 enrollee regarding the standards for timely access to care adopted
7 pursuant to Section 1367.03 and the information required by this
8 section, including information related to receipt of interpreter
9 services in a timely manner, no less than annually.
10 (b) A health care service plan that provides or arranges for
11 hospital or physician services shall at a minimum provide the
12 following information regarding timely access to care to enrollees
13 and contracting providers:
14 (1) An urgent care appointment shall be offered to the enrollee
15 within 48 hours of a request for an appointment, unless prior
16 authorization is required.
17 (2) A nonurgent primary care appointment shall be offered to
18 the enrollee within 10 business days of a request for an
19 appointment.
20 (3) A nonurgent appointment with a specialist shall be offered
21 to the enrollee within 15 business days of a request for an
22 appointment.
23 (4) Triage or screening services are available by telephone to
24 the enrollee 24 hours per day, 7 days per week, from a designated
25 telephone number. A call made to that number shall be returned
26 by a qualified health professional within 30 minutes.

1 (5) Interpreter services shall be available at the time of the
2 appointment, if needed.

3 (c) A health care service plan that provides coverage for dental
4 services, either directly or through a contract with another entity,
5 shall at a minimum provide the following information regarding
6 timely access to care to enrollees and providers:

7 (1) Urgent care shall be offered to an enrollee within 72 hours
8 of a request for an appointment.

9 (2) Nonurgent care shall be offered to an enrollee within 36
10 days of a request for an appointment.

11 (3) Preventive care shall be offered to an enrollee within 40
12 days of a request for an appointment.

13 (4) Interpreter services shall be available at the time of the
14 appointment, if needed.

15 (d) The information required to be provided pursuant to this
16 section shall be provided to an enrollee with individual coverage
17 upon initial enrollment and annually thereafter upon renewal, and
18 to enrollees and subscribers with group coverage upon initial
19 enrollment and annually thereafter upon renewal. The information
20 shall be provided in the following manner:

21 (1) In a separate section of the evidence of coverage titled
22 “Timely Access to Care.”

23 (2) In the same manner and place that notice of language
24 assistance programs is provided pursuant to Section 1367.04 and
25 the regulations adopted thereunder.

26 (3) In a separate section of the provider directory published and
27 maintained by the health care service plan pursuant to Section
28 1367.27. The separate section shall be titled “Timely Access to
29 Care.”

30 (4) On the Internet Web site published and maintained by the
31 health care service plan, in a manner that allows enrollees and
32 prospective enrollees to easily locate the information.

33 (e) A health care service plan shall also provide the information
34 required by this section to contracting providers on no less than
35 an annual basis, and shall additionally provide a contracting
36 provider with the following information:

37
38 “If one of your patients is unable to obtain a timely referral,
39 either you or your patient may call the health care service plan or

1 the Department of Managed Health Care Help Center at
2 1-888-HMO-2219 to obtain help.

3 “California law requires a health care service plan to provide or
4 arrange for the provision of covered health care services in a timely
5 manner appropriate for the nature of the enrollee’s condition,
6 consistent with good professional practice. If an appointment is
7 delayed or extended, the referring or treating health care
8 professional shall note in the relevant record that a longer waiting
9 time will not have a detrimental effect on the health of the enrollee.

10 “It is the obligation of the health care service plan to have
11 sufficient numbers of contracted providers to maintain compliance
12 with timely access to care for enrollees. If a contracting provider
13 is unable to provide care in a timely manner consistent with the
14 requirements for timely access to care, the health care service plan
15 shall have in place policies and procedures to ensure that the
16 enrollee shall receive timely access to care.”

17
18 SEC. 2. Section 1368.02 of the Health and Safety Code is
19 amended to read:

20 1368.02. (a) The director shall establish and maintain a toll-free
21 telephone number for the purpose of receiving complaints regarding
22 health care service plans regulated by the director.

23 (b) (1) *Every health care service plan shall include the*
24 *department’s toll-free telephone number and Internet Web site*
25 *address on the card presented by enrollees to providers as proof*
26 *of coverage. The department’s toll-free telephone number and*
27 *Internet Web site address shall be displayed immediately below*
28 *the toll-free telephone number for the health care service plan.*
29 *The health care service plan may include the following statement*
30 *on the card:*

31
32 “*Please contact us first regarding any complaint. If you wish to*
33 *complain directly to the government agency that licenses this health*
34 *plan, please call 1-888-HMO-2219.*”

35
36 (2) Every health care service plan shall publish the department’s
37 toll-free telephone number, the department’s TDD line for the
38 hearing and speech impaired, the plan’s telephone number, and
39 the department’s Internet Web site address, on every plan contract,
40 on every evidence of coverage, on copies of plan grievance

1 procedures, on plan complaint forms, and on all written notices to
2 enrollees required under the grievance process of the plan,
3 including any written communications to an enrollee that offer the
4 enrollee the opportunity to participate in the grievance process of
5 the plan and on all written responses to grievances. The
6 department's telephone number, the department's TDD line, the
7 plan's telephone number, and the department's Internet Web site
8 address shall be displayed by the plan in each of these documents
9 in 12-point boldface type in the following regular type statement:

10 "The California Department of Managed Health Care is
11 responsible for regulating health care service plans. If you have a
12 grievance against your health plan, you should first telephone your
13 health plan at (insert health plan's telephone number) and use your
14 health plan's grievance process before contacting the department.
15 Utilizing this grievance procedure does not prohibit any potential
16 legal rights or remedies that may be available to you. If you need
17 help with a grievance involving an emergency, a grievance that
18 has not been satisfactorily resolved by your health plan, or a
19 grievance that has remained unresolved for more than 30 days,
20 you may call the department for assistance. You may also be
21 eligible for an Independent Medical Review (IMR). If you are
22 eligible for IMR, the IMR process will provide an impartial review
23 of medical decisions made by a health plan related to the medical
24 necessity of a proposed service or treatment, coverage decisions
25 for treatments that are experimental or investigational in nature
26 and payment disputes for emergency or urgent medical services.
27 The department also has a toll-free telephone number
28 (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the
29 hearing and speech impaired. The department's Internet Web site
30 <http://www.hmohelp.ca.gov> has complaint forms, IMR application
31 forms and instructions online."

32 SEC. 3. Section 10133.53 is added to the Insurance Code, to
33 read:

34 10133.53. (a) A policy of health insurance that is issued,
35 renewed, or amended on or after January 1, 2017, shall provide
36 that the insurer shall provide information to an insured regarding
37 the standards for timely access to care adopted pursuant to Section
38 10133.5 and the information required by this section, including
39 information related to receipt of interpreter services in a timely
40 manner, no less than annually.

(b) A health insurer for a policy of health insurance, as defined in subdivision (b) of Section 106, that provides or arranges for hospital or physician services shall at a minimum provide the following information regarding timely access to care to insureds and contracting providers:

(1) An urgent care appointment shall be offered to the insured within 48 hours of a request for an appointment, unless prior authorization is required.

(2) A nonurgent primary care appointment shall be offered to the insured within 10 business days of a request for an appointment.

(3) A nonurgent appointment with a specialist shall be offered to the insured within 15 business days of a request for an appointment.

(4) Triage or screening services are available by telephone to the insured 24 hours per day, 7 days per week, from a designated telephone number. A call made to that number shall be returned by a qualified health professional within 30 minutes.

(5) Interpreter services shall be available at the time of the appointment, if needed.

(c) A policy of health insurance that provides coverage for dental services, either directly or through a contract with another entity, shall at a minimum provide the following information regarding timely access to care to insureds and providers:

(1) Urgent care shall be offered to the insured within 72 hours of a request for an appointment.

(2) Nonurgent care shall be offered to the insured within 36 days of a request for an appointment.

(3) Preventive care shall be offered to the insured within 40 days of a request for an appointment.

(4) Interpreter services shall be available at the time of the appointment, if needed.

(d) The information required to be provided pursuant to this section shall be provided to an insured with individual coverage upon initial enrollment and annually thereafter upon renewal, and to insureds and group policy holders with group coverage upon initial enrollment and annually thereafter upon renewal. The information shall be provided in the following manner:

(1) In a separate section of the evidence of coverage titled “Timely Access to Care.”

1 (2) In the same manner and place that notice of language
2 assistance programs is provided pursuant to Section 10133.8 and
3 the regulations adopted thereunder.

4 (3) In a separate section of the provider directory published and
5 maintained by the insurer pursuant to Section 10133.15. The
6 separate section shall be titled “Timely Access to Care.”

7 (4) On the Internet Web site published and maintained by the
8 insurer, in a manner that allows insureds and prospective insureds
9 to easily locate the information.

10 (e) A health insurer shall also provide the information required
11 by this section to contracting providers on no less than an annual
12 basis, and shall additionally provide a contracting provider with
13 the following information:

14
15 “If one of your patients is unable to obtain a timely referral,
16 either you or your patient may call the health insurer or the
17 Department of Insurance at 1-800-927-4357 to obtain help.

18 “California law requires a health insurer to provide or arrange
19 for the provision of covered health care services in a timely manner
20 appropriate for the nature of the insured’s condition, consistent
21 with good professional practice. If an appointment is delayed or
22 extended, the referring or treating health care professional shall
23 note in the relevant record that a longer waiting time will not have
24 a detrimental effect on the health of the insured.

25 “It is the obligation of the health insurer to have sufficient
26 numbers of contracted providers to maintain compliance with
27 timely access to care for insureds. If a contracting provider is
28 unable to provide care in a timely manner consistent with the
29 requirements for timely access to care, the health insurer shall have
30 in place policies and procedures to ensure that the insured shall
31 receive timely access to care.”

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33 SEC. 4. Section 10133.662 is added to the Insurance Code, to
34 read:

35 10133.662. Every health insurer shall include the department’s
36 toll-free telephone number and Internet Web site address on the
37 card presented by insureds to providers as proof of coverage. The
38 department’s toll-free telephone number and Internet Web site
39 address shall be displayed immediately below the toll-free

1 telephone number for the insurer. The insurer may include the
2 following statement on the card:

3
4 “Please contact us first regarding any complaint. If you wish to
5 complain directly to the government agency that licenses this
6 insurer, please call 1-800-927-4357.”

7 SEC. 5. No reimbursement is required by this act pursuant to
8 Section 6 of Article XIII B of the California Constitution because
9 the only costs that may be incurred by a local agency or school
10 district will be incurred because this act creates a new crime or
11 infraction, eliminates a crime or infraction, or changes the penalty
12 for a crime or infraction, within the meaning of Section 17556 of
13 the Government Code, or changes the definition of a crime within
14 the meaning of Section 6 of Article XIII B of the California
15 Constitution.